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especially to eruptive fevers? And does this mental affection have special characteristics? Rouillard does not know, and does not wish to prejudge the question. Observations must be collected and facts grouped in order to be able to draw useful conclusions.

Auguste Voisin recalled two cases of Bright's disease, in the course of which there had been several epileptiform vertigos, followed by hallucinations; by melancholic delirium, characterized especially by the idea that they were not at home, not recognizing their furniture, nor their pictures, nor their rooms.

THAYER, *A case of melancholia following typhoid fever*, Johns Hopkins Hospital Bulletin, 1892 III. 12.

Twelve days after the patient's temperature had become normal in his convalescence, he appeared for the first time to be nervous and anxious about his condition. Asked if he was very ill and if there was any chance of his recovery, saying one of the patients had told him he was very ill. Fifteen days after the temperature had become normal, his physical condition having steadily improved, and the diet having been increased to nearly normal proportions, he was allowed to sit up for a short time out of bed. On the same evening he was found to be in a very nervous condition. He was despondent, weeping, and when the physician came by, seized his hand and begged him to save him. He declared that he had seen the head nurse read the order that he was to be cremated that evening, and had also seen her receive the announcement that the box in which the operation was to be performed had arrived and was stored in the room below. The patient became more silent and despondent, and was discharged two weeks later in a distinctly melancholic condition.

Dr. Hurd, in the discussion, said that such cases of insanity after any exhausting bodily disease were not uncommon. Insanity developed after the eruptive fevers, pneumonia, acute tuberculosis, typhoid fever, and in fact any sequel which interfered with the nutrition, assimilation and blood-making power of the patient. The delusions of such patients were those which accompany innutrition, and were characterized by suspicion and apprehension. The deficient blood supply to the brain, or rather the altered quality of the blood supply by reason of the preceding bodily disease, explained the delusions. The development of post-febrile insanity generally points to an hereditary tendency to mental disease. The presence of this insane heredity developing active disease under such circumstances lends an unfavorable prognosis in most cases. Sometimes they recover, but the majority develop chronic forms of insanity.

Dr. Osler said that in his experience, especially after typhoid fever, the prognosis was favorable, and cited several cases reported by him in Fasciculus I. of the Johns Hopkins Hospital Reports for 1890, where apparent recovery from mental disease after a tedious convalescence occurred.

MAIRET ET BOSC, *Recherches sur les causes de la toxicité de l'urine normale*, Arch. de physiol. norm. et path. 1891 III. 273.

A reference to the experiments of these authors on normal urine will be of service in considering the results obtained from the urine of the insane. Rabbits and dogs were used in the experiments. Injections were made in the femoral vein of the dog and the auricular vein of the rabbit. Fresh urine from persons 22 to 33 years of age was used, the individuals being of almost the same body weight and living in the same average conditions. With regard to the degree of toxicity, it requires 100 cc. of urine per kilogramme of body weight to kill a dog. With this dose the animal succumbs immediately or after some hours.

Below this amount the animal may be more or less fatigued, but he does not die. In the rabbit 90 cc. cannot be injected without producing immediate death, but this may come on with smaller doses, between 70 and 80 cc. per kilogramme of body weight. In doses below 100 cc. the dog survives, but with the rabbit, below 70 cc., and even at 45 cc., the animal may survive or not, showing besides an immediate toxicity a remote toxicity. If these two kinds of toxicity are considered, it is seen that in the rabbit the degree of toxicity oscillates between 45 and 90 cc. per kilogramme of body weight, being on the average 67 cc. The effects of the urine were in general the same in the dog and in the rabbit. Taking the rabbit as a type, it is found that in all doses, even when the amount injected does not exceed 25 cc. per kilogramme of body weight, myosis is produced, but in small doses the myosis is but little marked, and is transitory; with larger doses it is more persistent, and the pupil becomes punctiform. With all doses there is abundant and clear micturition, which may be equivalent in quantity to the amount injected. The animal also shows thirst. Respiration is slowed. There is constant subnormal temperature, even to 3° or 4° C. Troubles of the nervous system consist, according to the doses, in somnolence, coma and epileptiform attacks, preceded or not by convulsive movements.

In studying the different constituents of the urine, to find the cause of the toxicity the authors conclude that it is the coloring matters that exert the chief toxic effect. To the objection that the coloring matters include at the same time some alkaloids, the authors cite the experiments of Pouchet and of Bouchard, to the effect that these substances are present in very feeble quantity in the urine, and Bouchard states that they have no influence on the toxicity of the urine. As regards the ptomaines, *Æscher* and *Corninck* state that they did not find these in normal urine. The coloring matters are, therefore, the essential cause of the toxicity of the urine. The salts of potassium also aid in the toxic effect, while the urea, the salts of sodium and potassium, and the water, have an effect on the micturition, while the salts and the water aid in the respiratory troubles, and the salts of sodium in the circulatory troubles.

MAIRET ET BOSC, Alienation mentale par troubles de la nutrition, preuves expérimentales de l'existence de ce genre d'alienation, Annales medico-psychologiques 1892.

In attempting to ascertain the genesis of certain cases of mental alienation and to study their causes, it is found that these cases are developed subsequent to some grave physical disease, such as typhoid fever, or during the puerperal state, or again at certain periods of the evolution of life, as at puberty.

In these cases it is natural to connect the insanity with these physical perturbations, and this with all the more reason since no other cause is found susceptible of explaining the mental alienation, and that the form and evolution followed by this mental disturbance have special features. The majority of clinicians admit this subordination. Yet the opinion has its adversaries, and is lacking in scientific proof. The authors claim that they have furnished this proof by experiments made of the toxicity of the urine of the insane. In this connection they have studied successively the toxicity of the urine of patients affected with mania, stupor, melancholia, the insanity of persecution, and senile dementia. As much as possible of the 24 hours' urine of these patients was collected, and from this was taken the quantity necessary for the experiments. As subjects of experiment, the dog and rabbit were used, more particularly the dog, whose nervous system is more developed, and whose reaction is more sensitive and more complete than that of the rabbit. The intravenous method was used, according to the rules for-